



City of Long Beach
APPLICATION FOR EDUCATION ASSISTANCE

Application No. _____

APPLICANT INFORMATION

NAME _____
SSN _____
DEPT/BUR/DIV _____
POSITION _____
PART-TIME _____ AVG PART-TIME HRS PER WEEK _____

NOTE TO APPLICANT: Reimbursement is subject to final approval by Human Resources, availability of funds, and completion of course work with a grade of "C" or better for undergraduate studies and "B" or better for graduate studies. If grades are not submitted within 60 days after the conclusion of the class, application will be cancelled.

APPLICANT SIGNATURE _____ DATE _____

COURSE INFORMATION

COLLEGE/UNIVERSITY _____
DEGREE GOAL _____
TERM BEGINS _____ GRADUATE _____
TERM ENDS _____ UNDERGRADUATE _____

| COURSE NO | COURSE TITLE | UNITS | FEES |
|-----------|--------------|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |

TOTALS _____ \$ _____

COMMUNITY COLLEGES ONLY: BOOKS, MISC FEES \$ _____

COMMUNITY COLLEGE TOTALS _____ \$ _____

DEPARTMENT HEAD APPROVAL

As required by the Personnel policy of Education Assistance/Reimbursement, I have counseled the employee on the mutual benefit of the course(s) to the City and, as stated below, have justified the tax liability for the enrolled courses.

DEPARTMENT APPROVAL NOTES:

APPROVED BY: _____ DATE: _____
Department Head or Designee

ACKNOWLEDGED BY: _____ DATE: _____
Employee

DEPARTMENT OF HUMAN RESOURCES

Application ☐ is approved Amount authorized \$ _____

Payments this fiscal year: _____

Application ☐ is not approved Reason for disapproval: _____

Reimbursement

Amount \$ _____

Payperiod _____
Check date _____
Recorder _____
Date _____

Human Resources Approval

Date